## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000071867

Entity Name: SJS LAND COMPANY

Title:

Name:

Address: City-St-Zip: ( ) Delete

NADUPARAMBIL, SANJAI

4022 TURQUOISE TRAIL

WESTON, FL 33331

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3367 N UNIVERSITY DRIVE 3367 N UNIVERSITY DRIVE 101 201 DAVIE, FL 33024 DAVIE, FL 33024 **Current Mailing Address: New Mailing Address:** 3367 N UNIVERSITY DRIVE 3367 N UNIVERSITY DRIVE 201 **DAVIE, FL 33024** DAVIE, FL 33024 FEI Number: 04-3816639 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THANKACHEN, SAM THANKACHEN, SAM 3367 N UNIVERSITY DRIVE 3367 N UNIVERSITY DRIVE 101 201 DAVIE, FL 33024 US DAVIE, FL 33024 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SAM THANKACHEN 05/01/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CHACKO, CHERIYAN Name: Name: 5011 SW 168 AVENUE Address: Address: City-St-Zip: SOUTHWEST RANCHES, FL 33331 City-St-Zip: Title: () Delete Title: () Change () Addition THANKACHEN, SAM Name: Name: 11881 NW 2 STREET Address: Address: PLANTATION, FL 33325 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SAM THANKACHEN O 05/01/2008

() Change () Addition